07-25-01   A/Reissue

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	96L206
First Named Inventor	Outten
Original Patent Number	5,719,107
Original Patent Issue Date (Month/Day/Year)	02/17/98
Express Mail Label No.	EL325202727

APPLICATION FOR REISSUE OF:
(Check applicable box)

[X] Utility Patent   [ ] Design Patent   [ ] Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS

1. [X] Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)

2. [ ] Applicant claims small entity status. See 37 CFR 1.27.

3. [X] Specification and Claims in double column copy of patent format (amended, if appropriate)

4. [ ] Drawing(s) (proposed amendments, if appropriate)

5. [X] Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)

6. Original U.S. Patent currently assigned?

[X] Yes   [ ] No

(If Yes, check applicable box(es))

[X] Written Consent of all Assignees (PTO/SB/53)

[X] 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)   [X] Power of Attorney

7. [X] Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).

8. [ ] Original U.S. Patent for surrender
[ ] Ribboned Original Patent Grant
[ ] Statement of Loss (PTO/SB/55)

9. [ ] Foreign Priority Claim (35 U.S.C. 119) (if applicable)

10. [ ] Information Disclosure Statement (IDS)/PTO-1449   [ ] Copies of IDS Citations

11. [ ] English Translation of Reissue Oath/Declaration (if applicable)

12. [ ] Preliminary Amendment

13. [X] Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

14. Other: ....
....
....

15. CORRESPONDENCE ADDRESS

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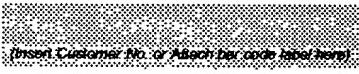
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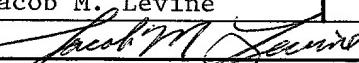
PTO/SB/56 (02-01)
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REISSUE APPLICATION FEE TRANSMITTAL FORM		Docket Number (Optional) 96L206

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity			Other than a Small Entity	
				Rate	Fee		Rate	Fee
(A) 14	Total Claims (37 CFR 1.16(j))	(B) 14	**** 0 =	x $____ =		or	x $____ =	
(C) 4	Independent claims (37 CFR 1.16(i))	(D) 4	• 0 =	x $____ =			x $____ =	
			Basic Fee (37 CFR 1.16(h))	$ 710			$_____	
			Total Filing Fee	$ 710		OR	$	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity			Other than a Small Entity	
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 14	MINUS	** 14	* = 0	x $____ =	0		x $____ =	
Independent Claims (37 CFR 1.16(i))	*** 4	MINUS	***** 4	= 0	x $____ =	0		x $____ =	
			Total Additional Fee		$ 0		OR	$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ Please charge Deposit Account No. _____05-1710_____ in the amount of ____$710.00____.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No._____.
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☐ A check in the amount of $ _____ to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

July 24, 2001
Date

Signature of Applicant, Attorney or Agent of Record

Jacob M. Levine
Typed or printed name